

Foster Family Home - Corrective Action Report

Provider ID: 4-150076

Home Name: Macrene Brown, CNA

Review ID: 4-150076-4

564 Imi Drive

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 9/12/2018

End Date: 9/12/18

Foster Family Home

Required Certificate

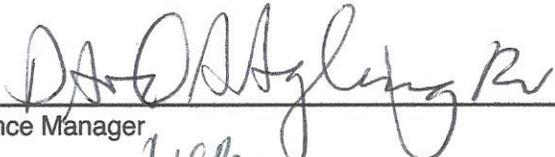
[17-1454-6]

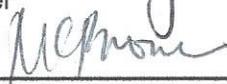
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/12/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

9/12/18
Date

9/12/18
Date